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Country programme outline for Afghanistan*

Proposed UNFPA assistance:	$24.5 million: $7 million from regular resources and $17.5 million through co-financing modalities and/or other, including regular, resources
Programme period:	4 years (2004-2007)
Cycle of assistance	First
Category per decision 2000/19:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	4.0	-	4.0
Population and development strategies	2.5	17.5	20.0
Programme coordination and assistance	0.5	-	0.5
Total	7.0	17.5	24.5

* The transition to the new harmonized programming process called for in decision 2001/11 necessitated a period of adjustment to accommodate the new requirements for country outlines, and has delayed submission of the present document.

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I. Situation analysis

1. Two decades of conflict and internal displacement, compounded by three years of drought, have had a severe impact on the people of Afghanistan. Women and children have been the most affected.

2. Very little information is available about the socio-economic characteristics of the Afghan population. The estimated population of the country, based on an extrapolation of data from an aborted census in 1978, is 22.5 million. The annual population growth rate is estimated at 3.7 per cent. No census of the nomadic population has ever been conducted. Of 4 million refugees who fled the country, 1.8 million had returned by the end of 2002. The number of internally displaced persons was estimated at 700,000 at the end of 2002. The educational system has been severely affected by years of conflict. In 2000, the gross enrolment ratio at the primary school level was estimated at 38 per cent for boys and only 3 per cent for girls.

3. Life expectancy at birth is low – about 44 years for both women and men. Almost half the deaths among Afghan women of reproductive age result from complications due to pregnancy and childbirth. The maternal mortality ratio is one of the highest in the world – about 1,600 deaths per 100,000 live births. Eighty-seven per cent of those deaths are preventable. Factors contributing to high maternal mortality include a lack of access to emergency obstetric care and skilled birth attendants, who assist at only 5 per cent of deliveries; poor nutrition; and inadequate antenatal and post-natal care. High fertility among Afghan women also contributes to the large number of maternal deaths. The infant mortality rate is estimated at 165 deaths per 1,000 births. It is estimated that in 2000, only 2 per cent of married women in the country's south-eastern region and 8 per cent in the eastern region were using contraception.

4. About 50 per cent of the population is estimated to be below 18 years of age, and 54 per cent of girls under 18 are reported as married. Early age at marriage and high fertility have contributed to a large number of adolescent pregnancies. Little reproductive health information has been provided to adolescents.

5. The current policy of the Ministry of Health emphasizes the provision of high-quality reproductive health care to mothers, including essential obstetric care and child spacing. However, there is limited capacity to design and implement effective reproductive health service delivery programmes or to provide institutionalized training in reproductive health.

6. The geographical coverage of existing health services is limited. War and earthquakes have damaged one third of the country's health facilities, and 40 per cent of basic health facilities have no female health workers. Non-governmental organizations (NGOs) are currently the principal basic health service providers in the country. Though only a few cases of HIV have been detected in Afghanistan, the risk of infection is high, due to the post-conflict situation and the large number of refugees and internally displaced persons.

7. Discriminatory policies against women and exclusive dependency on male members of the family have impeded the advancement of Afghan women. The report of the Secretary-General on discrimination against women and girls in Afghanistan (E/CN.6/2002/5) discussed instances of human rights violations, including rape, sexual assault, forced prostitution and forced marriage.

8. The national development framework, which outlines the vision and priorities of the Government, focuses on girls and women and addresses the high rate of maternal mortality. It recognizes the need to enhance opportunities

for women and improve cooperation between men and women.

II. Past cooperation and lessons learned

9. UNFPA support to Afghanistan began in the late 1970s. UNFPA supported a population census as well as reproductive health and family planning services. Since December 1997, UNFPA has supported projects both within Afghanistan as well as outside the country, including support for Afghan refugees in the Islamic Republic of Iran and Pakistan. UNFPA support focused on emergency obstetric care; the provision of reproductive health kits and supplies; basic training for health workers; and information, education and communication on reproductive health issues.

10. In response to the recent crisis in Afghanistan, UNFPA provided assistance for reproductive health; women's development and gender issues; and a population census. Reproductive health efforts have focused on rehabilitating three maternity hospitals in Kabul, the capital; providing reproductive health kits and essential drugs; supporting reproductive health service delivery in underserved areas; using the media to promote behaviour change; and capacity-building and training through NGOs.

11. The programme also supported the reproductive health communications centre in the Ministry of Health and the reproductive health resources assessment survey. In addition, UNFPA provided assistance to the Ministry of Women's Affairs to renovate its offices and vocational training centre and to implement income-generation projects. UNFPA also supported the women's rights unit of the human rights commission.

12. Support was provided to the central statistics office to prepare for a population census. The assistance focused on capacity-building and enabled the office to undertake the first phase of the census. Computers, vehicles and other equipment were provided. A chief technical adviser was recruited to provide technical support.

13. Among the partners working in reproductive health in Afghanistan are the United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and bilateral aid agencies, such as the United States Agency for International Development and the Department for International Development of the United Kingdom, as well as a number of international and national NGOs.

14. Lessons learned include the need to: (a) strengthen coordination among development partners to avoid duplication and ensure synergy; (b) develop national expertise and capacity in reproductive health, family planning, and data collection and analysis; (c) strengthen programme management and monitoring capacity; and (d) conduct reproductive health advocacy with policy makers and planners.

III. Proposed programme

15. The proposed programme is based on the national priorities identified in the national development framework; the mission and policy statement of the Ministry of Health; and the priorities identified in the recent health resources assessment. It takes into account current and planned interventions by other development partners as well as the comparative advantage of UNFPA in reproductive health, family planning and population data collection. The programme will be results-oriented and will emphasize national capacity-building.

16. The goal of the proposed programme is to contribute to the national goal of enhancing the quality of life of the people of Afghanistan through improvements in reproductive health and the status of women. The proposed programme will have two subprogrammes: reproductive health, and population and

development strategies. Advocacy and gender will be addressed in both subprogrammes. The reproductive health subprogramme will emphasize the provision of reproductive health services to rural, underserved areas.

Reproductive health subprogramme

17. The expected outcome of this subprogramme is to contribute to increased utilization of high-quality reproductive health information and services. The subprogramme has three outputs: the first will be achieved through interventions in two provinces, while the second and third outputs will be undertaken at the national level.

18. Output 1: Increased availability of high-quality reproductive health services and information in selected districts in two provinces. Essential reproductive health services – antenatal, delivery and post-natal care, emergency obstetric care and family planning – will be provided in rural, underserved districts in the intervention areas. The programme will support the renovation of health facilities as well as provide equipment, such as delivery kits for midwives and traditional birth attendants. It will also strengthen the capacity of provincial institutions in the intervention areas to conduct training in reproductive health service delivery. The programme will train midwives and auxiliary midwives in order to increase the number of skilled birth attendants. Efforts will focus on strengthening the referral system to lessen delays in obtaining emergency obstetric care.

19. Behaviour change communication efforts will focus on increasing the demand for and utilization of family planning services. The programme will support community initiatives such as training community health workers to provide reproductive health information. A pilot initiative providing a comprehensive, integrated package of reproductive health services will be implemented in a selected district.

20. Output 2: Increased awareness and behaviour change for reproductive health. This output will be achieved by identifying appropriate communication channels, target audiences and behaviour change communication materials that take into consideration sociocultural and religious sensitivities. The material will be part of a comprehensive communication plan to be developed by the education, promotion and publication department of the Ministry of Health. The programme will also undertake reproductive health advocacy efforts with religious and community leaders and policy makers. To increase awareness among adolescents, the programme will support the maternal and child health department of the Ministry of Health in undertaking a pilot project to provide information on reproductive health to adolescents and young people, emphasizing life skills.

21. Output 3: Strengthened capacity for the management of reproductive health programmes. This output will be achieved by: (a) training Ministry of Health managers at national and provincial levels to manage reproductive health programmes, including logistics and behaviour change communication; (b) supporting South-South training and study tours; and (c) providing technical support by recruiting national personnel to assist the Ministry of Health in implementing the national strategy and guidelines on reproductive health and family planning.

22. To further strengthen the country's capacity to provide reproductive health services, and in collaboration with other donors, support will be provided to develop a reproductive health commodity security and essential supplies plan. The programme will also procure a limited quantity of contraceptives.

Population and development strategies subprogramme

23. The Agreement on provisional arrangements in Afghanistan pending the re-establishment of permanent government institutions requested, inter alia, that the United Nations conduct a census of the population of Afghanistan. In response, UNFPA launched the first phase of this census, which involves listing all households and counting population by sex and broad age category. This phase is expected to be completed in early 2004.

24. The population and development strategies subprogramme will focus on the second phase of the census, which consists of enumerating all persons and their demographic and social characteristics, and utilizing census data to improve policies and programmes. The subprogramme will also seek to create an enabling environment to enhance women's opportunities.

25. Output 1: Conducting census enumeration and utilizing census data for development planning and policy formulation. This output will be achieved by enhancing the capacity of the central statistics office to plan and implement the census, including data processing and disseminating results. The programme will train policy makers and sectoral planners in analysing and utilizing population data for the formulation of policies and development plans. To ensure the successful completion of the census, UNFPA will mobilize funds from additional sources.

26. Output 2: Creating an enabling environment to enhance women's opportunities. This output will be achieved by training technical staff of the Ministry of Women's Affairs in leadership, programme management, and the collection and analysis of gender statistics. The programme will undertake advocacy activities on women's rights and gender concerns with policy makers and religious leaders. Support will be provided for activities designed to raise awareness among political leaders of international conventions and conferences, such as the Convention on the Elimination of All Forms of Discrimination against Women, the Fourth World Conference on Women and the International Conference on Population and Development (ICPD). Provincial women's centres in the intervention areas will share and disseminate information on population, reproductive health and gender.

IV. Programme management, monitoring and evaluation

27. The Government of Afghanistan and the UNFPA country office will jointly coordinate the programme. The Ministry of Health, the Ministry of Women's Affairs and the central statistics office will execute the programme. Two departments in the Ministry of Health – the maternal and child health department and the health promotion department – will implement the reproductive health subprogramme. Given the limited capacity of the Government, NGOs will assist in implementing the reproductive health subprogramme in the selected provinces. UNFPA execution will be limited to procuring contraceptives, subcontracting and initiating South-South collaboration for technical assistance.

28. The Government and UNFPA will jointly conduct programme monitoring and evaluation. A baseline survey will be undertaken in the selected districts and provinces to determine pre-programme indicators on reproductive health knowledge, attitudes and services. Information from household surveys will also be used to provide baseline indicators. Annual reviews of component projects and subprogrammes will be carried out using project work plans and logical framework indicators. A midterm review will be conducted at the end of the second year. Joint field visits with government

representatives will be undertaken. The UNFPA Country Technical Services Team in Kathmandu, Nepal, will provide technical assistance. Other technical assistance will be sought as needed.

29. The country programme will aim to improve synergy and partnerships with other United Nations agencies and development partners, including the World Bank, WHO and UNICEF, through a reproductive health coordinating committee. These partnerships will focus on reproductive health training, safe motherhood initiatives, and the promotion of gender equity and equality. UNFPA will also establish partnerships with NGOs in order to reach local communities and vulnerable and underserved groups. Resource mobilization efforts will be intensified to secure additional funding.

30. The UNFPA country office consists of a chief of operations, an international programme officer, two national programme officers and support staff. National project personnel will be recruited to provide technical assistance and to monitor the programme. They will be based in Kabul and in the programme intervention areas.

ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR AFGHANISTAN

UNDAF Goal: There is no UNDAF at present. One of the goals of the national development framework of Afghanistan is to create the conditions for people to live securely and to lay the foundation for the formation of sustainable human capital.				
UNFPA Goal	**Outcome**	**Indicators**	**Outputs and Key Indicators**	**Resources**
To contribute to the national goal of enhancing the quality of life of the people of Afghanistan through improvements in reproductive health and the status of women *Goal indicators*: • Maternal mortality ratio decreased by 10% • Human development index increased • Gender development index increased • Total fertility rate decreased • Proportion of population living in absolute poverty decreased	*[Reproductive health subprogramme]* To contribute to increased utilization of high-quality reproductive health information and services	• Contraceptive prevalence rate increased • Decreased unmet need for contraception • Percentage of population who know about methods of contraception increased • Method mix increased	**Output 1: Increased availability of high-quality reproductive health services and information in selected districts in two provinces** Output indicators: • Proportion of deliveries assisted by skilled attendants increased from baseline level • Number of women receiving basic and and comprehensive emergency obstetric care increased • Percentage of health facilities providing three methods of family planning increased • Percentage of pregnant women seeking antenatal care increased • Percentage of clients receiving counselling on family family planning methods increased • Proportion of married couples using condoms increased	$2.75 million
			Output 2: Increased awareness and behaviour change for reproductive health Output indicators: • Increased percentage of men and women aware of the five danger signs in pregnancy (vaginal bleeding; pelvic or abdominal pain; gush of fluid from vagina; swelling of the hands or face; and severe headaches or blurry vision) • Increased proportion of couples of reproductive age aware of at least one family planning method • Increased percentage of community and religious leaders expressing support for reproductive health and family planning activities	$0.5 million

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
			Output 3: Strengthened capacity for the management of reproductive health programmes Output indicators: • Percentage of reproductive health management staff of the Ministry of Health skilled in planning and monitoring reproductive health programmes at national and provincial levels increased • Percentage of health facilities having adequate supplies of condoms increased	$0.75 million
	[Population and development strategies subprogramme] To strengthen the capacity of the Government to formulate population policies and programmes through increased availability of population data	• Number of population-related policies formulated	**Output 1: Conducting census enumeration and utilizing census data for development planning and policy formulation** Output indicators: • Sex-disaggregated census data available and disseminated • Percentage of sectoral planners able to formulate population-related policies using hard data	$19.75 million ($2.25 million from regular resources and $17.5 million from other resources)
	To contribute to the improvement of the status of Afghan women	• Gender disparity in net enrolment ratio reduced at the primary school level • Female labour force participation increased • Percentage of policy makers supportive of improving women's status increased	**Output 2: Creating an enabling environment to enhance women's opportunities** Output indicators: • Number of staff of the Ministry of Women's Affairs able to collect and analyse gender statistics • Number of statements by political and other influential leaders declaring support for women's rights • Percentage of adult women (15-49 years) in the intervention areas aware of population, reproductive health and gender issues • Number of gender-sensitive policies and action plans formulated in line with the ICPD Programme of Action	$0.25 million **Programme coordination and assistance**: $0.5 million